# Ineligible Parent Medical Evidence Desk Aid

## **Assigning Users**

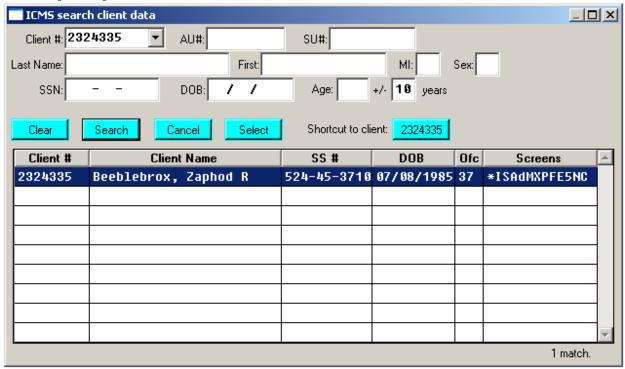
The Barcode administrator for your CSO must assign access rights to everyone who will be purchasing medical evidence for ineligible parents or their undocumented/fraud-disqualified relatives. From the menu bar select [Maintenance] -> [Users] -> [Z#]

## **Obtaining SSPS Security Clearance**

Payments using ICMS/SSPS can only be made by CSD staff who have an SSPS worker ID and who have been granted payment access via a 17-130 Security Clearance Request.

### **Paying for Medical Evidence**

- 1. Sign in to Barcode and select the [ICMS] subsystem.
- 2. Under the ICMS Screen, select [Search for Client].
- a. You can search by various parameters. Once a client has been found, the [Select] button will be available.
- b. Click [Select].



- 3. You will be brought to the Basic Client Data Screen. This is the main screen.a. Type "ineligible parent" in the Ref Flags field.b. Select [TANF] in the program field.

Basic client data - Bellingham C50 (37 )							
Client Name: Beeble	ebrox, Zaphod R	_ (	Client Number: 232	4335	Client SSN: 52	4-45-3710	TM!
			Months on (	GA within	last 60 months:		Save
IS: SSIF:	Ref Flags:		Program:		IA Signed:		
JAWL	ineligible par	ent	TANF	▼			Cancel
[] SSIF	Project ACE	S Progra	am code:		SSA-3288 s	igned:	
Residence Address:					//		
• ACES				Fin	ancial Appl. Date		
C Service Unit	123 Pan Gal Gargle Blstr			M			
	Betelgeuse	WA	98229-3857		0B: <b>7/08/1985</b>	Age: 26	Child: N
Mailing Address:				LEP:	Language: Dia	lect:	EA:
• ACES				Y		edneck	
C Service Unit	123 Pan Gal Gargle Blstr			Phone: (	) -		
	Betelgeuse	WA	98229-3857		Type:	•	-
Print Address	Citizenship Status: [C] US citizen			Aces	Phone: (360)	555-6	789
Labels:  Print	Citizenship Verification: [CS] Client statement 04/13/2007				F Time Limit Term 31/2011 AU#: 1		

- 4. Follow the normal process to pay for medical evidence via SSPS using the 6030 Ineligible Parent Service Code on the SSPS Submit Screen.
  - Please note, many of the codes will be the same as used for the 6020 code, but there are a few differences.

SSPS Submit Screen		_
Authorization Num Case Number Agency 370	Worker RU Num	Save Cancel
Provider Num		
Primary Recipient DOB Beeblebrox, Zaphod 07/08/19	SSA Goal Act  985 524-45-3710	End Elig Elig
Spec Prog Sor Begin Date  1:	Term Service Reas Obj	Rate
OASI 2 Date Serv Requested / /	Date Auth/Change 99/98/2	Submit to SSPS  Create an auto case note.

a. Goal:	Goal 2 - self-sufficient	
b. Elig:	11 - State funds only	
c. Spec Prog (Col 1):	i. AP (Adult/child) if purchasing evaluation for an adult ii. BP (child/parents) if purchasing evaluation for a child	
d. Spec Prog (Col 2):	Can use the following codes: 03 - Blind, 04 - physically disabled, 07 - mental retardation, 09 - mental health problems or	



	11- Developmentally disabled.
e. Term:	1A, or 1B
f. Reason Codes:	Same as 6020 Incapacity Med Services
g. Objective Codes:	iii. A - Initial Decision for IP, or iv. B - Review Decision for IP
h. Max Rates:	Same as 6020 Incapacity Med Services

154/159 Item No.

PROGRAM: Financial Support Services EFF. DATE: 09/01/11

**SERVICE NAME: Ineligible Parent Medical Evidence** 

**SERVICE CODE: 6030** 

#### SERVICE DESCRIPTION:

Payment to an authorized Medical Services Provider for medical evidence to establish time limit extension eligibility for TANF/SFA ineligible parents.

#### **17/26 RECIPIENT STATUS:**

	Child	Adult
Primary		X
Service	X	X

#### 32/33 MAXIMUM LENGTH OF SERVICE:

• 1 month

#### 37 REASON: See chart below for reason codes:

Reason Code	Title
Α	Medical Records
В	Report from Records
С	General Physical Evaluation
D	Comprehensive Physical Evaluation
E	Comprehensive Eye Exam
F	Goldman Perimeter Testing
G	Mental Health Professional (MHP)
	Evaluation
Н	Psychological Evaluation
I	Psychological Testing
J	Psychiatric Evaluation
K	Diagnostic Procedures
L	Missed Appointment



#### **CODE TITLE CODE TITLE**

# 38 OBJECTIVE: CODE TITLE

A Initial Decision for IP

B Review Decision for IP

#### **PAYMENT DATA:**

• Payment Type: One-Time Payment SOURCE OF FUNDS (Item 31): State

• 39-41 Unit of Service: Each (Ea)

41 Rate: \$0.01 to \$450.0042 Maximum No. of Units: 1

#### Note:

1. A warrant is issued after the service has been terminated with a termination code of 1A, 1B, 2A, OR 2B, and the end date (Item 33) has passed. Any other termination code prevents payment. The warrant is for the exact amount authorized in Item 43. The system does not generate an invoice.

- 2. This service may be opened and closed on the same day.
- 3. Refer to the Medical Evidence Reimbursements chapter in the on-line Social Service Manual for the current medical payment policies and fees.
- 4. Payment of this service will generate a 1099 document if the provider's accumulated 1099 earnings are \$600.00 or more for the tax year.

